



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

December 26, 2012

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These Updates, published by the Executive Office of Health and Human Services (EOHHS) in consultation with the other state agencies involved in ACA implementation, will bring you news related to the implementation of provisions of the ACA here in Massachusetts.

Grants and Demonstrations

The ACA provides funding opportunities to transform how health care is delivered, expand access to care and support healthcare workforce training.

Grant Announcements

Nationwide Program for National and State Background Checks for Direct Patient Access Employees of Long Term Care Facilities and Providers, \$6201. Announced December 20, 2012. Funding is available for states to participate in a nationwide program that will identify measures for long term care facilities and providers to conduct background checks on prospective employees who will have patient/resident access. States and territories are eligible for this opportunity. Applicants must guarantee that non-federal funds will be available to cover a portion of costs in order to carry out this program in their state. Grantees must be able to monitor provider compliance with the National Background Check Program; provide privacy and security safeguards; and provide an independent dispute/appeal process. CMS will provide a rate that is three times the amount a state guarantees. Three awards are available; individual awards will range from \$1.5M - \$3M. Applications are due January 31, 2013.

The announcement can be viewed at: Grants.gov

News

12/20/12 HHS issued its first conditional approval of a State Partnership Health Insurance Exchange to Delaware. HHS also granted conditional approval for the operation of State-Based Health Insurance Exchanges in Minnesota and Rhode

Island. Conditional approval reflects the progress that states have made and the expectation that enrollment in the Exchange will begin in October 2013 and that coverage through the Exchange for consumers and small businesses will begin in 2014. This announcement follows conditional approvals awarded on December 10, 2012 to six states including Massachusetts. The other five states awarded conditional approvals are: Colorado, Connecticut, Maryland, Oregon and Washington. In addition, conditional approvals for State-Based Exchanges were awarded to the District of Columbia, Kentucky and New York on December 14, 2012.

The ACA established **Affordable Insurance Exchanges** (§1311(b)) to provide individuals and small business employees with access to health insurance coverage beginning January 1, 2014. State costs associated with running State-Based Exchange and testing Exchange operations may be funded by grants under §1311(a). States have the option of running either a State-Based Exchange or a State-Federal Partnership Exchange. If a state does not choose either option, a Federally-Facilitated Exchange will operate in that state (§1321).

According to guidance issued on March 16, 2012, HHS required states to submit an Exchange Blueprint for Approval for states choosing to do either a **State-Based or State Partnership Insurance Exchange**. The deadline for a Blueprint Application for the operation of a State-Based Exchange was December 14, 2012, an extension from the original deadline of November 16, 2012 in response to letters from Governors who requested more time. States that want to pursue an Exchange in partnership with the federal government will need to submit both a Declaration Letter and Blueprint Application by February 15, 2013.

The State Partnership Exchange model is an option provided to states that want to manage part of the Exchange in 2014. A Partnership Exchange allows states to make key decisions and tailor the marketplace to local needs and market conditions.

Learn more about this announcement at:

<http://www.hhs.gov/news/press/2012pres/12/20121220a.html>

To learn more about Exchange conditional approvals, visit:

<http://cciio.cms.gov/resources/factsheets/state-marketplaces.html>

To view Exchange letters from states, visit:

<http://www.healthcare.gov/law/resources/letters/index.html>

For more information on Exchanges, visit: <http://www.healthcare.gov/exchanges>

12/20/12 The Health Resources and Services Administration (HRSA) awarded more than \$18 million in Health Center Network grant funding under ACA §10503 that will improve the quality of care at community health centers through the implementation and adoption of health information technology (HIT).

The networks are comprised of at least 10 collaborating health center organizations which are designed to promote information sharing and address key operational and clinical needs through greater program integration. The grants announced will support 37 health center networks made up of health centers across the country. None of the funded networks are located in Massachusetts.

View the list of Health Center Controlled Network Grant Program Grantees at:

<http://www.hrsa.gov/about/news/2012tables/121220healthcenternetworks.html>

12/19/12 HHS announced that 197 school-based health centers will receive more

than \$80 million in grant funding to upgrade or build new facilities to serve an additional 384,000 students as authorized under ACA §4101. School-based health centers enable students with chronic conditions to attend school and also provide students with health screenings. In addition, school-based health centers provide health promotion and disease prevention activities. Three centers in Massachusetts received a total of \$723,623 in funding: 1) Community Health Connections, Inc. in Fitchburg, 2) Lynn Community Health Center, Inc. in Lynn and 3) Family Health Center of Worcester, Inc. in Worcester.

Read the press release at: <http://www.hhs.gov/news/press/2012pres/12/20121219a.html>

For a complete list of grantees, visit:

<http://www.hrsa.gov/about/news/2012tables/121218schoolbasedawards.html>

12/19/12 The Patient-Centered Outcomes Research Institute (PCORI) has approved its first primary research projects. PCORI announced the approval of 25 awards, totaling \$40.7 million over three years, to fund patient-centered comparative clinical effectiveness research projects under the first four areas of its [National Priorities for Research and Research Agenda](#). Created under ACA §6301, PCORI is an independent nonprofit organization, expected to provide billions in federal funds for studies, and is tasked with conducting patient-centered outcomes research.

The approved research projects, based at institutions in 17 states, resulted from PCORI's first cycle of primary research funding announcements issued on May 22, 2012. PCORI received nearly 500 applications. The approved projects were selected through a competitive, multi-stage review process that incorporated patients, caregivers and other stakeholders in the evaluation of proposals. Applications were evaluated on scientific merit, engagement of patients and other stakeholders, methodological rigor and fit within PCORI's research priorities and research agenda.

The projects approved for funding include those that will study ways to improve care for people with health problems such as bacterial and viral infections, cardiovascular disease and stroke, certain cancers, chronic kidney disease, chronic pain, depression and other serious mental illness, and pediatric diabetes, as well cross-cutting proposals investigating how to improve care for people with multiple conditions. Other projects seek ways to improve patient-clinician communication, reduce selected health disparities, and improve the way healthcare systems operate. The funds will be divided among 25 grants proposals.

The projects funded in Massachusetts include: 1) Project: Comparative Effectiveness of Adolescent Lipid Screening and Treatment, Organization: Tufts Medical Center, Priority Area: Assessment of Prevention, Diagnosis, and Treatment Options, [Project Detail](#); 2) Project: Relapsed Childhood Neuroblastoma as a Model for Parental End-of-Life decision-making, Organization: Dana-Farber Cancer Institute, Priority Area: Communication and Dissemination Research, [Project Detail](#); and 3) Project: Relative Patient Benefits of a Hospital-PCMH Collaboration within an ACO to Improve Care Transitions, Organization: Brigham and Women's Hospital, Priority Area: Improving Healthcare Systems, [Project Detail](#).

For more information on the awards in each state, visit:

<http://www.pcori.org/funding-opportunities/funding-announcements/pfa-awards-by-state-2/>

For more information about PCORI funding opportunities, visit:

www.pcori.org/funding-opportunities.

For more information about PCORI, visit www.pcori.org

Bookmark the **Massachusetts National Health Care Reform website** at: [http://mass.gov/national health reform](http://mass.gov/national_health_reform) to read updates on ACA implementation in Massachusetts.

Remember to check <http://mass.gov/masshealth/duals> for information on the **"Integrating Medicare and Medicaid for Dual Eligible Individuals"** initiative.